

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 12, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 95851 for date of service June 20, 2002.

II. RATIONALE

- CPT Code 95851 denied as “F – Disallowed; our records indicate this service/procedure is included in another service/procedure”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2) range of motion testing is considered part of a functional capacity evaluation; however, requestor did not bill for that particular service; therefore, range of motion testing is not global and reimbursement in the amount of \$36.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 95851 in the amount of \$36.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$36.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf